PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

10656752

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			4 /		(Coiu	201umin 2)		TYPE [OR 1		
			66					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			66minus 20=		* 46			X\$ 9=		OR	X\$18=	PIA
INDEPENDENT CLAIMS				nus 3 =	* /			X42=		OR	X84=	P4
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	١	TOTAL		OR	TOTAL	1661
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMALL ENTITY (SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	F.CL AINA	-		X42=		OR	X84=	
	ringi Phese	INTATION OF MIC	JUIPLE DE	PENDENT	CLAIM			+140=		OR	+280=	
							•	TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		1	ADDIT. FEE	<u> </u>
<u></u>		CLAIMS		· HIGH	EST		lr		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL	•	RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
								+140=		OR	+280=	
•								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=				
lacksquare	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			A42=		OR	X84=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er fou	ind in the app	propriate box	x in co	lumn 1.	

*U.S. Government Printing Office: 2003 — 498-278/69151